

The Role of Self-Esteem as a Buffer and Independent Predictor among Variables in
Objectification Theory

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Devin Aumend

The Ohio State University

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Project Advisor: Professor Tracy L. Tylka, Department of Psychology

Abstract

This study investigated the role of self-esteem as a buffer or moderator in the Objectification Theory framework, most specifically as a buffer or moderator of the relationship between sexual objectification and both body shame and body surveillance. The participants were 327 college students, all of whom were women, and were given self-report measures that measured self-esteem, sexual objectification and forms of self-objectification. The results of the study did not show support for the hypothesis that indicated the use of self-esteem as a buffer or moderator, but did find evidence that self-esteem can be seen as an independent predictor of body shame and body surveillance.

In today's society, a number of issues, such as self-esteem and body image, have been shown to have a greater impact on the psychological health of women than men. Previous research has suggested that women, when compared to men, are more likely to overhear discussion that focuses on body issues such as weight, body shape, and are more often exposed to images that emphasize a smaller body. These types of socialization (i.e., sexual objectification of women's bodies) are proposed to begin at a young age (Fredrickson & Roberts, 1997; Palmqvist & Santavirta, 2006). These influences are likely to impact body dissatisfaction and high-risk behavior such as smoking, illegal substance abuse, eating disorders, and underage drinking (Palmqvist & Santavirta, 2006; Stice, Ziemba, Margolis, & Flick, 1996). Therefore, it is important for research to focus on identifying variables that may protect women from body dissatisfaction/shame that may stem from exposure to sexual objectification. The present study will examine whether self-esteem serves as such a protective variable. Such support for its protective function would be garnered if (a) it buffers the relationships between sexual objectification and body surveillance and shame, and/or (b) it is negatively related to body surveillance and shame after considering the positive contribution to body surveillance and shame made by sexual objectification. In the next section, the role of self-esteem as a variable that is associated with enhanced psychological and physical well-being will be discussed.

Self-Esteem

Self-esteem is often defined as a feeling of self-worth and adequacy that develops early in life (Lyubomirsky, Tkach, & DiMatteo, 2006). Through various avenues of research, self esteem has shown to be an incredibly important aspect of psychological well-being and can be used as a predictor of life satisfaction (Biro, Striegel-Moore, Franko, Padgett, & Bean, 2006). Often, a

person's well-being and psychological health depend on whether the person has high self-esteem or low self-esteem. A study performed by Scannell, Allen, and Burton (2002) showed that higher self-esteem, along with happiness, was associated with positive well-being. Also according to this study, self-esteem was also associated with a feeling of affective meaningfulness, which is viewing oneself as having some sort of fulfillment in life, and is also strongly associated with a person's well-being. Research has also shown that those individuals with higher self esteem had more social support and a more positive well-being, as well as a lower occurrence of depression (Galambos, Barker, & Krahn, 2006).

Other aspects of life, such as social skills, often influence self-esteem. A study performed by Bijstra and Jackson (1998) showed that adolescents given social skills training showed increases in self-esteem along with increases in social activity and decrease in social anxiety. Research has also shown that self-esteem, along with social support could serve as a buffer and could help prevent psychological disorders. A study performed by Penninx et al (1998) found that those who had coping mechanisms such as high self-esteem, as well as social support, were able to use these various types of emotional and social support to buffer depressive symptoms often associated with chronic illnesses such as cardiac diseases and diabetes, indicating that self-esteem could be used as a buffer against depressive symptomatology caused by physical and emotional stress.

Body Image

Images of the perfect body are constantly presented in the media, more so for women than men, and can have negative effects on those exposed to them. Research has shown that women who were exposed to images of what has been deemed to be the ideal body through various media outlets were more likely to have appearance anxiety and experience body shame

after the exposure (Monro & Huron, 2005). Body shame has also been seen more often in women than in men when in a situation where a person's body was in the spotlight. A study performed by Frederickson, Roberts, Noll, Quinn, & Twenge (1998) had subjects, male and female, either try on swimsuit or a sweater and then had the subjects fill out questionnaires, eat cookies, and take a math test. The results of this study showed that women who had to try on the swimsuit indicated having more body shame, were less likely to eat the cookies, and did not perform as well on the math test administered. The male subjects that participated in the study were found to not have body shame and math performance appeared to be unaffected by the swimsuit condition in men. Also, young girls who often discussed physical appearance with others reported less satisfaction with their appearance; this effect on physical appearance increases with age, leading to even lesser satisfaction (Dohnt & Tiggemann, 2006).

Many women have a tendency to have a desire to adhere to the thin ideal of beauty presented in various media images, and it was hypothesized by Thorton and Maurice (1997) that those who have a higher desire for this ideal would experience lower self-esteem and higher body dissatisfaction. The results of the study suggested that after exposure to images of models that represent the thin ideal, women that had a high desire for the ideal experienced lower self-esteem, higher body dissatisfaction and levels of self-consciousness, and physique anxiety. However, women who had a lower desire to adhere to this ideal image had higher self-esteem, lower self-consciousness and physique anxiety.

Body shame, which is the emotion resulting from evaluating one's self in accordance with a cultural standard (i.e., standards of beauty, the thin ideal) and not meeting those standards (Fredrickson & Roberts, 1997), as well body image issues in general (i.e., body dissatisfaction), has been linked to lower self-esteem. Research performed by Dohnt and Tiggemann (2006) has

shown that younger girls who had an increased desire to be thin (i.e., body dissatisfaction) developed lower self-esteem as time goes on, and this desire to become thin can often be linked to various media, including television shows. Self-esteem also has been shown to play a role in a person actively attempting to change the shape of her or his body. A study performed by Strelan, Mehaffey, and Tiggemann (2003) showed that a person who has lower body satisfaction and lower self-esteem is more likely to be motivated to exercise, mainly for weight loss and body image issues. However, research has also shown that often in young women, particularly from ages 16 to 21, as the amount of exercise a person participates in increased, their body satisfaction and self-esteem actually declined (Tiggemann & Williamson, 2000).

Body image has also been associated with other aspects of a person's life, such as a person's relationship with others. Research has shown that college women who indicated being in a relationship with men reported less body dissatisfaction and more satisfaction with weight (Forbes, Jobe, & Richardson, 2006). However, further investigation into the area of body image and romantic relationships has revealed that men that were in heterosexual relationships were much more satisfied with their significant other's body than their significant other was with her own body (Markey & Markey, 2006). The same body of research also showed that women had inaccurate perceptions about their significant other's body image and believed that their partner was more dissatisfied than they actually were.

Objectification Theory

Objectification Theory proposed by Fredrickson and Roberts (1997) is a theoretical framework that attempts to explain why issues such as body shame often are expressed in women and how this can lead to problems such as eating disorders and depression. This theory was developed to reflect the negative impact of gender roles in today's society on women's

psychological health and the mechanisms involved for encouraging women to become and remain preoccupied with their bodies. This theory states that gaze, unwanted explicit sexual advances, and other cultural pressures to focus on their bodies, whether they come from men or other women, can be considered forms of sexual objectification. Sexual objectification then leads to self-objectification by the person who was the target of the initial gaze. This self-objectification, or internalizing the views about themselves as perceived by others (e.g., focusing on external characteristics such as attempting to conform to the cultural thin-ideal image rather than internal characteristics such as personality and intellect), leads to body monitoring, and has consequences such as body shame, appearance anxiety, ignoring internal body signals, and reduced peak experiences. Not surprisingly, these consequences of the objectifying gaze often put women at a greater risk of developing eating disorders, depression, and sexual dysfunction.

Sexual objectification has been defined as the reduction of a woman to her body parts being separated from the person that act as a representation of the person (Fredrickson & Roberts, 1997). Forms of sexual objectification include the objectifying gaze, whistles, cat calls, sexual advances, inappropriate sexual innuendos, unwanted explicit sexual advances (e.g., touch or fondled against will), and pressures to change the body (Moradi, Dirks, & Matteson, 2005). Sexual objectification has shown to be a common occurrence, especially among college-aged women, and is perceived more often by women than by men (Swim, Hyers, Cohen, & Ferguson, 2001). In Swim et al's (2001) study, those who reported incidents of sexual objectification reported lower social state self-esteem following the objectification; however, their appearance self-esteem did not decrease. Also, those in the study who reported such incidents were more likely to feel angry, depressed, and anxious than those who did not report such incidents.

Swim et al's (2001) findings are consistent with the Objectification Theory framework, as sexual objectification is proposed to eventually bring about depression (Fredrickson & Roberts, 1997). Sexual objectification has also been shown to encourage internalization of sociocultural standards of beauty and body surveillance, which are forms of self-objectification (i.e., viewing the body as an object by examining it in terms of its physical characteristics instead of inner, often nonobservable characteristics) (Moradi, Dirks, & Matteson, 2005). Other research has greatly supported the general objectification theory framework and how societal pressures for thinness predict body surveillance, which is then associated with body shame lower awareness of internal signals, which then predict disordered eating (Tylka & Hill, 2004)

Self-objectification is proposed to lead to body shame due to the belief that their body does not meet the cultural standards of beauty or thinness, which can lead to a number of maladaptive strategies to lose weight, including suppressing internal hunger/satiety signals and restricting calorie intake substantially (Fredrickson & Roberts, 1997). Body shame has also been shown to have a stronger relationship to body esteem and body surveillance in women than in men and may be the result of experiencing objectification (McKinley, 1998). However, self-objectification has been shown to decrease as a woman ages, along with body monitoring, appearance anxiety, eating restrictions, and disordered eating, even though body dissatisfaction tends to remain the same throughout a woman's life (Tiggemann & Lynch, 2001).

Research performed by Noll and Fredrickson (1998) has shown that self-objectification can also be directly linked to disordered eating as the anticipation of the emotion of body shame can lead one to take measures to prevent it. This body of research also postulated that self-objectification and body shame are the main predictors of eating disorder symptoms that women often display, and has been supported through previously mentioned research performed by

Frederickson et al. (1998), which showed that those who experienced body shame were more likely to participate in restricted eating.

Little research has been performed investigating the relationship, if any, between self-esteem and the objectification theory. Previously examined research by Strelan, Mehaffey, and Tiggemann (2003) did attempt to connect self-objectification and self-esteem and determine their relationship. This study showed that women who often participated in self-objectification are more likely to have lower self-esteem, body satisfaction, and body esteem. The study also concluded that the reasons a woman has for exercising (i.e., to lose weight rather than be healthy) mediated the relationships between self-objectification and lower self-esteem, body satisfaction, and body esteem.

The Present Study

The purpose of the present study was to understand self-esteem's role as a potential buffer or moderator of the relationship between sexual objectification and both body surveillance and body shame and/or an independent contributor to body surveillance and body shame. Research has shown that moderators, which are defined as variables that impact the strength of the relationship between two variables (Baron & Kenny, 1986), decrease the effects of negative events. In the present study, sexual objectification experiences, such as body evaluation and unwanted explicit sexual advances, was conceptualized as the negative event, and self-objectification (body shame and body surveillance) were conceptualized as the psychological distress women may experience from the negative event (Corning, 2002; Moradi, & Subich, 2004).

Support for the moderating role of self-esteem has been evidenced in previous research. Self esteem has also been found to be a moderator in the relationship between pressures to be

thin and body preoccupation among Asian-American women (Phan & Tylka, 2006). Also, Moradi and Subich (2004) found that self-esteem buffered the relationship between sexist events and psychological distress among women, such that this relationship was positive for women with low self-esteem but non-significant for those women with high self-esteem. Since one can consider sexual objectification a form of sexism, and numerous research has supported the notion that frequent incidents of sexism, along with body shame is linked to more cases of psychological distress (e.g. Moradi & Funderburk, 2006), it is within reason to hypothesize that self-esteem could moderate the relationships between sexual objectification and body surveillance and sexual objectification and body shame, as proposed by the framework previously established by Fredrickson and Roberts (1997). Therefore, it is logical that self-esteem can either prevent, if a person has high self-esteem, or propel, if a person has low self-esteem, the consequences of objectification as proposed in Objectification Theory. On the other hand, self-esteem may independently contribute to women's lower body surveillance and body shame irregardless of their initial levels of sexual objectification.

Methods

Participants

Data were collected from a sampling of undergraduate women at a large Midwestern university, whose ages ranged from 16 to 30 ($M=18.45$, $SD=1.03$), with a total number of participants being 327. Women identified themselves as either Caucasian ($n=293$, 89.6%), Asian-American ($n=17$, 5.2%), Latina ($n=7$, 2.1%), African American ($n=5$, 1.5%), multiracial ($n=2$, 0.6%) or other ($n=3$, 0.9%). Women were either first year students ($n=276$, 84.4%), sophomores ($n=38$, 11.6%), juniors ($n=7$, 2.1%), seniors ($n=4$, 1.2%), or post baccalaureate ($n=2$, 0.6%). When asked to indicate their relationship status, the women who participated in the study

identified themselves as single ($n=215$, 65.7%), in a long-term relationship ($n=111$, 33.9%) or divorced ($n=1$, 0.3%).

Measures

Sexual objectification. The Interpersonal Sexual Objectification Scale (ISOS; Kozee, Tylka, Augustus-Horvath, & Denchik, 2007; see Appendix A) was developed to be consistent with the definition of sexual objectification as discussed in the Objectification Theory framework presented by Fredrickson and Roberts (1997). Two forms of interpersonal sexual objectification are measured by the ISOS, the objectifying gaze (i.e., body evaluation; 11 items) and unwanted explicit sexual advances (4 items). Items are rated on a 5-point scale, ranging from 1 (*never*) to 5 (*almost always*), with higher scores indicating higher levels of interpersonal sexual objectification. Kozee et al. (2007) reported that the Cronbach's alphas for internal consistency reliability were .93 for body evaluation scores and .78 for unwanted explicit sexual advances scores. It was strongly related to sexist events such as degradation and not related to social desirability, which supports its validity (Kozee et al., 2007). For the present study, Cronbach's alphas were .91 for body evaluation scores and .78 for unwanted explicit sexual advances scores.

Self-esteem. The Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965; see Appendix B), a frequently used measure of self-esteem, contains ten items, five of which are positively worded to indicate perceptions of self-worth, and five that are negatively worded to indicate dissatisfaction with the self (Rosenberg, 1965). Items are rated on a four point scale which ranges from 1 (*strongly agree*) to 4 (*strongly disagree*). After the negatively worded items were reverse coded, the items were averaged, and higher scores indicate higher self-esteem. A Cronbach's coefficient alpha of .93 has been reported among studies focusing on college women (Tylka & Subich, 2004), and has been found to have good test-retest reliability ($r = .85$)

(Robinson & Shaver, 1973). The RSE is also related to life satisfaction and optimism among college women, supporting its validity (Tylka, 2006). In the present study a Cronbach's coefficient alpha of .90 was found with the scores.

Self-objectification. Body shame and body surveillance, two dimensions of self-objectification, were assessed by the Objectified Body Consciousness Scale (McKinley & Hyde, 1996; see Appendix C). Body surveillance and body shame each contain eight items that are rated on a 7-point scale ranging from 1 (*strongly disagree*) to 7(*strongly agree*) and are averaged to obtain an overall subscale score. Body shame subscale scores have been found to be internally consistent and stable over a two week period and related to measures of negative body image, supporting its validity (McKinley & Hyde, 1996). In the present study, Cronbach's alphas were .86 for body surveillance scores and .86 for body shame scores.

Results

Descriptive and Preliminary Analyses

Measures that had more than 25% of data points missing were dropped from the study. Otherwise, missing data points were handled by substituting participants' mean scale score for the missing value. Table 1 presents the correlations, means, and standard deviations of the various measures used in this study. Body evaluation and unwanted explicit sexual advances were found to be strongly related, as were body surveillance and body shame. These sizeable correlations support their consideration as measures of the same construct (i.e., interpersonal sexual objectification and self-objectification, respectively). Both measures of interpersonal sexual objectification (i.e., body evaluation and unwanted explicit sexual advances) were slightly-to-moderately related to measures of self-objectification (i.e., body surveillance and body shame). Whereas self-esteem was moderately-to-strongly related to the measures of self-

objectification, it was only related to one measure of interpersonal sexual objectification (i.e., unwanted explicit sexual advances); it was not related to body evaluation.

Hierarchical Moderated Regression (HMR)

The current study examined whether a) self-esteem was a significant predictor of self-objectification (i.e., body surveillance and body shame) beyond that of interpersonal sexual objectification and b) it moderates or buffers the relationship between interpersonal sexual objectification and self-objectification. For these types of research questions, HMR has been argued (e.g., Frazier, Tix, & Barron, 2004) to be the preferred method for identifying the presence and nature of moderating effects. Following the HMR procedure discussed by Aiken and West (1991), the predictors (interpersonal sexual objectification variables) and proposed moderator variable (self-esteem) were entered at Step 1 of the analysis. Next, at Step 2, the interaction term (i.e., the product of the predictor and the proposed moderator; e.g., body evaluation \times self-esteem) was entered. Evidence for a moderator effect is noted at Step 2 by a statistically significant increment in R^2 (i.e., ΔR^2) and beta weight. Because two moderators were investigated, the Bonferroni correction to the p value was used, such that $.05/2 = .025$. Thus, p levels had to be below .025 to be considered significant. However, statistical significance is only one measure of a variable's contribution to the criterion (McClelland & Judd, 1993). Because statistically significant interactions (i.e., moderator effects) are notoriously difficult to detect due to their overlap with the individual predictors, effect size was also considered (Frazier et al., 2004). It is recommended that ΔR^2 values at or above .02 signify unique contributions to the overall criterion (Cohen, 1992).

Body shame. In the prediction of body shame, both body evaluation ($\beta = .15$, $t [326] = 2.48$, $p < .025$) and self-esteem ($\beta = -.39$, $t [326] = -7.69$, $p < .025$) contributed uniquely, whereas

unwanted explicit sexual advances ($\beta = .08$, $t [326] = 1.22$, ns) did not. Thus, in addition to body evaluation, self-esteem appears to incrementally contribute to body shame as an independent predictor. However, contrary to hypotheses, self esteem was not found to buffer the relationship between body evaluation and body shame ($\beta = .32$, $t [326] = 0.66$, ns), nor did it buffer the relationship between unwanted explicit sexual advances and body shame ($\beta = -.07$, $t [326] = -0.18$, ns); ΔR^2 of Step 2 = .001. These findings are presented in Table 2.

Body surveillance. Overall, findings for body surveillance are consistent with those findings for body shame. In the prediction of body surveillance, both body evaluation ($\beta = .21$, $t [326] = 3.49$, $p < .025$) and self-esteem ($\beta = -.42$, $t [326] = -8.48$, $p < .025$) contributed uniquely, whereas unwanted explicit sexual advances ($\beta = .08$, $t [326] = 1.36$, ns) did not. Therefore, in addition to body evaluation, self-esteem appears to incrementally contribute to body surveillance as an independent predictor. However, contrary to hypotheses, self esteem was not found to buffer the relationship between body evaluation and body surveillance ($\beta = .53$, $t [326] = 1.15$, ns), nor did it buffer the relationship between unwanted explicit sexual advances and body surveillance ($\beta = -.15$, $t [326] = -0.37$, ns); ΔR^2 of Step 2 = .004. These findings are presented in Table 3.

Discussion

The present study explored whether self-esteem could moderate or buffer the relationship between sexual objectification and self-objectification (i.e., body surveillance and body shame), a relationship specified in the Objectification Theory framework proposed by Fredrickson and Roberts (1997). The study also explored whether or not self-esteem could be seen as an independent contributor to lower levels of body shame and body surveillance. The results of the current study did not support self-esteem as having a buffering or moderating effect of this

relationship. However, findings indicated that self-esteem was an independent predictor of both body shame and body surveillance. Self-esteem was also found to be related to self-objectification and unwanted explicit sexual advances, but was found to have no relation to body evaluation.

In regards to self-esteem, this study found a negative relationship between self-esteem and body evaluation, which indicates that as one variable increases (i.e. body evaluation), the other variable decreases, in this case self-esteem. The same relationship was also found between self-esteem and unwanted explicit sexual advances, body surveillance and body shame; however the relationship between self-esteem and body evaluation was found to be non-significant, while the relationship between self-esteem, body surveillance, body shame, and unwanted explicit sexual advances was found to be significant. As expected, the relationship between the forms of self-objectification and the types of sexual objectification were positive, indicating as one variable increases, the other variable rises as well.

These findings in relation to the various constructs of objectification theory are similar to those proposed by Objectification Theory (Fredrickson & Roberts, 1997) and other research related to this framework (e.g., Tiggemann & Lynch, 2001). Forms of self-objectification have been found to be a reliable predictor of body shame in previous studies and to have a positive relationship (e.g. Frederickson, Roberts, Noll, Quinn, & Twenge 1998, Noll & Fredrickson, 1998). However, little to no research has been performed analyzing self-esteem in connection with components of Objectification Theory such as body shame and body surveillance; therefore, there is very little data available to measure the findings of the present study against as it appears to be the first of its kind. Previous research on objectification and self esteem looked at its relation to a person's reason for exercising and did find a negative correlation between self-

objectification and self-esteem along with body satisfaction (Strelan, Mehaffey, and Tiggemann, 2003).

Findings from this study indicating that self-esteem was not a moderator of the link between unwanted explicit sexual advances and body shame, as well as between unwanted explicit sexual advances and body shame, is consistent with some previous studies that did not find self-esteem to play a moderating role. A study performed by Pryor (1994) hypothesized that self-esteem could moderate gender role attitudes, but was unable to prove its moderating effects. Another study performed by Abel (1996) also investigated the use of self-esteem as a moderator between perceived stress and expectancy of success, but were also unable to prove that self-esteem had any moderating effects. Yet, Moradi and Subich found that self-esteem buffered the relationship between sexist events and psychological distress among college women. Unfortunately, the present study added to the body of research that indicates self-esteem may not buffer negative effects of stress on well-being.

The findings of the present study indicate that self-esteem has a direct impact on body image issues that many young women are unfortunately faced with today. While the present study did not support the hypothesis that self-esteem can be seen as a buffer between variables such as body evaluation and body shame, self-esteem was a direct predictor of certain variables associated with body image, as well as objectification. The present study also shows that there is a significant relationship between self-esteem and various forms of self-objectification, as well between unwanted explicit sexual advances and self-esteem.

Implications for Theory

The present study adds more evidence to the ever expanding body of research on Objectification Theory, and also continues to validate the relationships between the variables

present in the framework. The Objectification Theory framework attempts to explain how a woman may develop body image issues such as depression and disordered eating (Fredrickson & Roberts, 1997), and the present study not only verifies the strength of the relationships between the variables in the framework, but also adds a new component that had been previously ignored. Therefore, the direct relationship that self-esteem has on variables associated with Objectification Theory should be taken into account when conducting future research associated with this framework.

Implications for Research

To the best of this author's knowledge, this is the first study to investigate the moderating and buffering effects of self-esteem on various components of Objectification Theory. While the present study was unable to show that any moderating or buffering effects were present, there is still much more to explore in relation to self-esteem and various components of Objectification Theory. The present was able to support the notion that self-esteem can be used as a direct predictor of individual variables present in the framework, which opens up more possibilities for future research, as there has also been limited research performed connecting self-esteem with the variables present in Objectification Theory that were examined in the present study.

Future research in this particular area should continue to investigate the role of self-esteem in women's body issues. More research should be conducted investigating self-esteem's role as a predictor of variables associated with Objectification Theory such as body shame and body surveillance in order to investigate more preventative measures for the consequences of Objectification Theory. With continued research on self-esteem's role in body image and its role as a predictor in Objectification Theory, future research may be able to find more evidence to

validate the notion of self-esteem as a buffer between other constructs embedded within this framework.

In addition to using the present study in relation to women's body image research, future research could also branch out into additional demographics, such as men. While previous research has shown that men appear to be less affected by situations that produce body shame in women (Frederickson, Roberts, Noll, Quinn, & Twenge, 1998), other studies have suggested that men may participate in self-objectification measures (Strelan & Hargreaves, 2005). Therefore, it is reasonable to suggest that men may encounter similar body images issues in comparison with women and the possibility for self-esteem to mediate the same variables in Objectification theory in men as well as women is there.

Implications for Practice

Because self-esteem is a direct predictor of body shame and surveillance, raising and promoting women's self-esteem (i.e. encouraging body acceptance no matter what a person's size, showing that internal qualities are important and should be continuously emphasized) should be a major focus of practice. Through raising self-esteem, a counselor may be able to prevent or lower the consequences of having lower self-esteem in relation to a person's body image. Through raising self esteem, a counselor may be able to lower a person's body shame, as well as prevent unnecessary criticizing body surveillance, and prevent issues that may arise such as eating disorders, restricted eating behavior, and depressive symptoms.

Limitations

A few limitations were found to be present upon the conclusion of the present study. First, the sample data used came from a limited pool of women, most of whom were Caucasian, and all of whom were college students, which excluded any input from men and more women of

color, as well as women who were older and younger women who did not attend any sort of undergraduate institution. Also, since the measures used to collect data used in the study were self-reporting measures, the validity of the data provided is in question as the possibility of the participants being inaccurate in their self-reports remains present. Finally, as mentioned previously, moderating and buffering effects can often be difficult to prove, as previous studies have failed to show that self-esteem can be seen as a moderator in different situations dealing with psychological health (e.g. Abel, 1996, Pryor, 1994). Another possible limitation that was encountered in this study is the possibility that the order of variables as examined in the present study could be incorrect. Instead of self-esteem influencing factors such as body shame and body surveillance, it is possible that those factors actually are part of the influence on self-esteem.

Conclusion

Unfortunately the present study was unable to garner support for self-esteem as a buffer or moderator of the relationship between sexual objectification and self-objectification, which are constructs embedded within the Objectification Theory framework that provide an understanding for how a woman conceptualizes her body and the consequences that can result from it. However, the study did show that self-esteem can be viewed as a direct predictor to individual variables present in the Objectification Theory framework such as body shame, body surveillance and unwanted explicit sexual advances. These findings indicate that self-esteem does indeed play a significant role in how a woman views her body and with more research, self-esteem could potentially be seen as an important variable in the development and prevention of physical and psychological issues associated with body image.

References

- Abel, M.H. (1996). Self-esteem: moderator or mediator between perceived stress and expectancy of success? *Psychological Reports, 79*, 635-641.
- Aiken, L.S., & West, S.G. (1991). *Multiple regression: Testing and interpreting interactions*. Newbury Park, CA: Sage.
- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinctions in social psychological research: Conceptual, strategic, and statistical consideration. *Journal of Personality & Social Psychology, 51*, 1173-1182.
- Bijstra, J. O., & Jackson, S. (1998). Social skills training with early adolescents: effects on social skills, well-being, self-esteem and coping. *European Journal of Psychology of Education, 13*, 569-583.
- Cohen, J. (1992). A power primer. *Psychological Bulletin, 112*, 155-159.
- Corning, A. F. (2002). Self-esteem as moderator between perceived discrimination and psychological distress among women. *Journal of Counseling Psychology, 49*, 117-126.
- Dohnt, H., & Tiggemann, M. (2006). The contribution of peer and media influences to the development of body satisfaction and self-esteem in young girls: a prospective study. *Developmental Psychology, 42*, 929-936.
- Forbes, G.B., Jobes, R.L., & Richardson, R.M. (2006). Associations between having a boyfriend and the body satisfaction and self-esteem of college women: an extension of the link and the hypothesis. *Journal of Social Psychology, 146*, 381-384.
- Frazier, P.A., Tix, A.P., & Barron, K.E. (2004). Testing moderator and mediator effects in counseling psychology research. *Journal of Counseling Psychology, 51*, 115-134.

- Fredrickson, B., & Roberts, T. M. (1997). Objectification theory: toward understand women's lived experience and mental health risks. *Psychology of Women Quarterly*, 21, 207-226.
- Fredrickson, B., Roberts, T. M., Noll, S. M., Quinn, D. M., & Twenge, J. M. (1998). The swimsuit becomes you: sex differences in self-objectification, restrained eating, and math performance. *Journal of Personality & Social Psychology*, 75, 269-284.
- Galambos, N. L., Barker, E. T., & Krahn, H. J. (2006). Depression, self-esteem, and anger in emerging adulthood: seven year trajectories. *Developmental Psychology*, 42, 350-365.
- Kozee, H. B., Tylka, T. L., Augustus-Horvath, C. L., Denchik, A. (2007). Development and psychometric evaluation of the interpersonal sexual objectification scale. *Psychology of Women Quarterly*, 31, 176-189.
- Lyubomirsky, S., Tkach, C., & DiMatteo, M.R. (2006). What are the differences between happiness and self-esteem? *Social Indicators Research*, 78, 363-404.
- McClelland, G.H., & Judd, C.M. (1993). Statistical difficulties of detecting interactions and moderator effects. *Psychological Bulletin*, 114, 376-390.
- McKinley, N.M. (1998). Gender differences in undergraduates' body esteem: the mediating effect of objectified body consciousness and actual/ideal weight discrepancy. *Sex Roles*, 39, 113-123.
- McKinley, N. M., & Hyde, S. (1996). The Objectified Body Consciousness Scale: development and validation. *Psychology of Women Quarterly*, 20, 181-215.
- Monro, F., & Huon, G. (2005). Media-portrayed idealized images, body shame, and appearance anxiety. *International Journal of Eating Disorders*, 38, 85-90.

- Moradi, B., Dirks, D., & Matteson, A.V. (2005). Roles of sexual objectification experiences and internalization of standards of beauty in eating disorder symptomatology: a test and extension of objectification theory. *Journal of Counseling Psychology, 52*, 420-428.
- Moradi, B., & Funderbunk, J.R. (2006). Roles of perceived sexist events and perceived social support in the mental health of women seeking counseling. *Journal of Counseling Psychology, 53*, 464-473.
- Moradi, B., & Subich, L. M. (2004). Examining the moderating role of self-esteem in the link between experiences of perceived sexist events and psychological distress. *Journal of Counseling Psychology, 51*, 50-56.
- Noll, S. M., & Fredrickson, B. (1998). A mediation model linking self-objectification, body shame, and disordered eating. *Psychology of Women Quarterly, 22*, 623-636.
- Palmqvist, R., & Santavirta, N. (2006). What friends are for: the relationships between body image, substance use, and peer influence among Finnish adolescents. *Journal of Youth and Adolescence, 35*, 203-217.
- Penninx, B. W. J., van Tilburg, T., Boeke, A. J. P., Deeg, D. J. H., Kriegsman, D. M. W., & van Eijk, J. T. M. (1998). Effects of social support and personal coping resources on depressive symptoms: different for various chronic diseases? *Health Psychology, 17*, 551-558.
- Phan, T., & Tylka, T. (2006). Exploring a model and moderators of disordered eating with Asian American college women. *Journal of Counseling Psychology, 53*, 36-47.
- Pryor, J. (1994). Self-esteem and attitudes toward gender roles: contributing factors in adolescents. *Australian Journal of Psychology, 46*, 48-52.

- Richman, C., Clark, M. L., & Brown, K. P. (1985). General and specific self-esteem in late adolescent students: race x sex effects x gender. *Adolescence*, 20, 555-566.
- Robinson, J.P., & Shaver, P.R. (1973). *Measures of social psychological attitudes* (2nd ed.). Ann Arbor, MI: Institute for Social Research.
- Rosenberg, M. (1965). *Society and the adolescent child*. Princeton, NJ: Princeton University Press.
- Scannell, E. D., Allen, F. C. L., & Burton, J. (2002). Meaning in life and positive and negative well-being. *North American Journal of Psychology*, 4, 93-112.
- Strelan, P., & Hargreaves, D. (2005). Reasons for exercise and body esteem: men's responses to self-objectification. *Sex Roles*, 53, 495-503.
- Strelan, P., Mehaffey, S. J., & Tiggemann, M. (2003). Self-objectification and esteem in young women: the mediating role of reasons for exercise. *Sex Roles*, 48, 89-95.
- Swim, J.K., Hyers, L. L., Cohen, L. L., Ferguson, M. J. (2001). Everyday sexism: evidence for its incidence, nature and psychological impact from three daily diary studies. *Journal of Social Issues*, 57, 31-53.
- Tiggemann, M., & Lynch, J.E. (2001). Body image across the life span in adult women: the role of self objectification. *Developmental Psychology*, 37, 243-253.
- Tiggemann, M., & Williamson, S. (2000). The effect of exercise on body satisfaction and self esteem as function of gender and age. *Sex Roles*, 43, 119-127.
- Tylka, T.L. (2006). Development and psychometric evaluation of a measure of intuitive eating. *Journal of Counseling Psychology*, 53, 226-240.
- Tylka, T.L., & Hill, M.S. (2004). Objectification theory as it relates to disordered eating among college women. *Sex Roles*, 51, 719-730.

Table 1

Means, Standard Deviations, and Correlations among the Measures (N = 327)

Measures	1	2	3	4	5
1. ISOS-Body Evaluation	----				
2. ISOS-Unwanted Sexual Advances	.59*	----			
3. Rosenberg Self-Esteem Scale	-.05	-.20*	----		
4. OBC-Body Surveillance	.27*	.29*	-.44*	----	
5. OBC-Body Shame	.22*	.25*	-.41*	.58*	----
<i>M</i>	2.86	1.72	3.23	4.86	3.90
<i>SD</i>	.67	.64	.48	1.02	.90

* $p < .05$.

Table 2

Hierarchical Multiple Regression Analyses Predicting Body Shame From Body Evaluation, Unwanted Explicit Sexual Advances, Self-Esteem, and Interactions (N = 327)

Step	Predictor	β	Cumulative R^2	Adjusted R^2	Incremental R^2	t(326)
1	Body Evaluation (BE)	.15	.213	.205	.213	2.48*
	Unwanted Explicit Sexual Advances (USA)	.08				1.22
	Self-Esteem (SE)	-.39				-7.68*
2	BE×SE Interaction	.32	.214	.202	.001	0.66
	USA×SE Interaction	-.08				-0.18
Overall F (5,321) = 17.48*						

Note. * $p < .025$.

Table 3

Hierarchical Multiple Regression Analyses Predicting Body Surveillance From Body Evaluation, Self-Esteem, Unwanted Explicit Sexual Advances, and Interactions (N = 327)

Step	Predictor	β	Cumulative	Adjusted	Incremental	$t(326)$
			R^2	R^2	R^2	
1	Body Evaluation (BE)	.208	.265	.258	.265	3.488*
	Self-Esteem (SE)	-.415				-8.478*
	Unwanted Explicit Sexual Advances (UESA)	.083				1.369
2	BE×SE Interaction	.527	.269	.257	.004	1.148
	USEA×SE Interaction	-.147				-.374
Overall F (5, 321) = 23.59*						

Note. * $p < .025$.

APPENDIX A

Interpersonal Sexual Objectification Scale

*Body evaluation items: 1, 2, 3, 4, 5, 6, 9, 10, 11, 12, 13

*Unwanted explicit sexual advances items: 7, 8, 14, 15

Please think carefully about your life as you answer the questions below.

1. How often in the past year have you been whistled at while walking down a street?

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

2. How often in the past year have you noticed someone staring at your breasts when you are talking to them?

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

3. How often in the past year have you felt like or known that someone was evaluating your physical appearance?

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

4. How often in the past year have you felt that someone was staring at your body?

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

5. How often in the past year have you noticed someone leering at your body?

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

6. How often in the past year have you heard a rude, sexual remark made about your body?

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

7. How often in the past year have you been touched or fondled against your will?

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

8. How often in the past year have you been the victim of sexual harassment (on the job, in school, etc)?

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

9. How often in the past year have you been honked at when you were walking down the street?

1	2	3	4	5
---	---	---	---	---

Never Rarely Occasionally Frequently Almost Always

10. How often in the past year have you seen someone stare at one or more of your body parts?

1 2 3 4 5
Never Rarely Occasionally Frequently Almost Always

11. How often in the past year have you overheard inappropriate sexual comments made about your body?

1 2 3 4 5
Never Rarely Occasionally Frequently Almost Always

12. How often in the past year have you noticed that someone was not listening to what you were saying, but instead gazing at your body or a body part?

1 2 3 4 5
Never Rarely Occasionally Frequently Almost Always

13. How often in the past year have you heard someone make sexual comments or innuendos when noticing your body?

1 2 3 4 5
Never Rarely Occasionally Frequently Almost Always

14. How often in the past year has someone grabbed or pinched one of your private body areas against your will?

1 2 3 4 5
Never Rarely Occasionally Frequently Almost Always

15. How often in the past year has someone made a degrading sexual gesture towards you?

1 2 3 4 5
Never Rarely Occasionally Frequently Almost Always

APPENDIX B

Rosenberg Self-Esteem Scale

For each item, please circle the answer that best characterizes your attitudes or behaviors.

1. I feel that I am a person of worth, at least on an equal plane with others.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

2. I feel that I have a number of good qualities.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

3. All in all, I am inclined to feel that I am a failure.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

4. I am able to do things as well as most people.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

5. I feel I do not have much to be proud of.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

6. I take a positive attitude towards myself.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

7. On the whole, I am satisfied with myself.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

8. I wish I could have more respect for myself.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

9. I feel entirely useless at times.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

10. At times, I think that I am no good at all.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

APPENDIX C

Objectified Body Consciousness Scale- Body Surveillance and Body Shame subscales

*first eight items are the Body Surveillance subscale; second eight items are the Body Shame subscale.

For each item, please circle the answer that best characterizes your attitudes or behaviors.

1. I rarely think about how I look.

1	2	3	4	5	6	7
Strongly	Moderately	Slightly	Neutral	Slightly	Moderately	Strongly
Disagree	Disagree	Disagree		Agree	Agree	Agree

2. I think it is more important that my clothes are comfortable than whether they look good on me.

1	2	3	4	5	6	7
Strongly	Moderately	Slightly	Neutral	Slightly	Moderately	Strongly
Disagree	Disagree	Disagree		Agree	Agree	Agree

3. I think more about how my body feels than how my body looks.

1	2	3	4	5	6	7
Strongly	Moderately	Slightly	Neutral	Slightly	Moderately	Strongly
Disagree	Disagree	Disagree		Agree	Agree	Agree

4. I rarely compare how I look with how other people look.

1	2	3	4	5	6	7
Strongly	Moderately	Slightly	Neutral	Slightly	Moderately	Strongly
Disagree	Disagree	Disagree		Agree	Agree	Agree

5. During the day, I think about how I look many times.

1	2	3	4	5	6	7
Strongly	Moderately	Slightly	Neutral	Slightly	Moderately	Strongly
Disagree	Disagree	Disagree		Agree	Agree	Agree

6. I often worry about whether the clothes I am wearing make me look good.

1	2	3	4	5	6	7
Strongly	Moderately	Slightly	Neutral	Slightly	Moderately	Strongly
Disagree	Disagree	Disagree		Agree	Agree	Agree

7. I rarely worry about how I look to other people.

1	2	3	4	5	6	7
Strongly	Moderately	Slightly	Neutral	Slightly	Moderately	Strongly
Disagree	Disagree	Disagree		Agree	Agree	Agree

8. I am more concerned with what my body can do than how it looks.

1	2	3	4	5	6	7
Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree

9. When I can't control my weight, I feel like something must be wrong with me.

1	2	3	4	5	6	7
Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree

10. I feel ashamed of myself when I haven't made the effort to look my best.

1	2	3	4	5	6	7
Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree

11. I feel like I must be a bad person when I don't look as good as I could.

1	2	3	4	5	6	7
Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree

12. I would be ashamed for people to know what I really weigh.

1	2	3	4	5	6	7
Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree

13. I never worry that something is wrong with me when I am not exercising as much as I should.

1	2	3	4	5	6	7
Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree

14. When I'm not exercising enough, I question whether I am a good enough person.

1	2	3	4	5	6	7
Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree

15. Even when I can't control my weight, I think I'm an okay person.

1	2	3	4	5	6	7
Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree

16. When I'm not the size I think I should be, I feel ashamed.

1	2	3	4	5	6	7
Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree